


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Tuszynski, Mark H.  
Title: METHODS FOR THERAPY OF  
NEURODEGENERATIVE  
DISEASE OF THE BRAIN  
Prior Appl. No.: 09/620,174  
Prior Appl. Filing Date: 07/19/2000  
Examiner: Not Assigned  
Art Unit: Not Assigned

<b>CERTIFICATE OF EXPRESS MAILING</b>	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, Washington, D.C. 20231.	
EL796240145US	October 26, 2001
(Express Mail Label Number)	(Date of Deposit)
Germaine Sarda	
(Printed Name)	
	
(Signature)	

11046 U.S. PTO  
10/032952  
10/26/01

**CONTINUING PATENT APPLICATION**  
**TRANSMITTAL LETTER**

Commissioner for Patents  
Box PATENT APPLICATION  
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

☐ Continuation   ☐ Division   ☒ Continuation-In-Part (CIP)

of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

☒ Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- ☒ Specification, Claim(s), and Abstract (32 pages).
- ☒ Informal drawings (7 sheets, Figures 1-7).
- ☒ Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$740.00	\$740.00
Total Claims:	12	- 20	= 0	x \$18.00	= \$0.00
Independents:	1	- 3	= 0	x \$84.00	= \$0.00
If any Multiple Dependent Claim(s) present:				+ \$280.00	= \$0.00
Surcharge under 37 CFR 1.16(e) for late filing of Executed Declaration				+ \$130.00	= \$130.00
				SUBTOTAL:	= \$870.00
[ X ] Small Entity Fees Apply (subtract ½ of above):					= \$435.00
				TOTAL FILING FEE:	= \$435.00

- [ X ] A check in the amount of \$435.00 to cover the filing fee is enclosed.
- [ ] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

*Stacy L. Taylor*

Date 10-26-2001

By \_\_\_\_\_

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